

RENTAL TRUCK QUESTIONNAIRE

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EFFECTIVE DATE _____

Return To:
ARA Insurance Services

102 N.W. Parkway
North Kansas City, MO 64150
800-821-6580 FAX 816-474-1931

SCHEDULE OF SERVICE TRUCKS

PHYSICAL DAMAGE INFORMATION

UNIT #	YEAR*	MAKE	MODEL	VIN/SERIAL NUMBER	GROSS VEHICLE WEIGHT	WHERE GARAGED?			COST NEW \$	CHECK DESIRED COMP/COL DEDUCTIBLE			
						CITY	ST	LOC.#		\$1,000	\$2,500	\$5,000	NONE
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													

*Photo required on all vehicles 10 years or older: Further information may be required

DRIVER INFORMATION – *Must have before we can quote.*

Drivers Name & Address	Sex		Birth Date	Driver's License No.	ST
	M	F			
A					
B					
C					
D					
E					
F					
G					

DESCRIPTION OF OPERATION

1. What Customer I.D. is required? Driver's License Credit Card Other _____
2. Who is authorized to release trucks for rental? _____ Title _____
3. Is a signed rental agreement always used? Yes No (attach copy)
4. Do you provide operating instructions ? Yes No Written Oral
5. Do you ever rent to persons under 25? Yes No If so state lowest age: _____
6. Do you ever rent without seeing the actual customer? Yes No
7. Do you rent with operators? Yes No
8. Are trucks inspected with each rental? Yes No Prior To After
9. Is a regular maintenance program used? Yes No

Describe: _____

Are records kept? Yes No

10. Are you a dealer for any national/local rental vehicle system? Yes No Who? _____

11. How do you decide when to retire a truck? _____

12. Are trucks stored inside a fence? Yes No Ht: ___ft. Is area lighted? Yes No

13. Are trucks used for business deliveries? Yes No

14. Are trucks used for personal reasons? Yes No

15. Do you offer a Damage Waiver Program? Yes No If so, what deductible is waived? \$ _____

16. Total number of employees _____

17. Number of years experience in renting trucks? _____

18. What are your estimated annual truck receipts? \$ _____

19. Are there any other owned vehicles? Yes No

20. Are vehicles rented for a term longer than six months? Yes No

PRIOR EXPERIENCE – Past Full 36 Months

Year	Previous Carrier	Policy Number	Premium	No. Losses	Losses Paid/Reserved	Comments
			\$			

Has Insurance for your service trucks been cancelled or refused in the past? Yes No